

Poi GPs with Special Interest (GPSI) Capability Development

1. Purpose

To develop an additional layer of palliative care expertise in the primary care workforce with capability and expertise spanning both palliative care and primary care.

2. Outcomes

High level outcomes we want to see to address this purpose:

- Qualified GPSIs with a RACP Clinical Diploma of Palliative Medicine working across Auckland
- Increased capability of the workforce that is competent in primary palliative care.

The following are potential roles that GPSIs could fulfil to support the aims of Poi, with the purpose of supporting enhanced primary palliative care regardless of setting:

- Be an active member of Poi MDT in-reach teams
- Input and provision of advice upon reviews of PPAs
- Support increased use of PPAs within residential care and primary care settings via providing training to lead clinicians who will have the PPA conversations
- To act as a bridge between primary and specialist palliative care services
- To provide another layer of palliative care support in the community settings of both General Practice and Residential Care i.e. be a source of primary palliative care advice, while supported by specialist palliative care providers
- Work in their own GP practices with potential for external part-funding of palliative care specific roles
- Run Locality-based palliative care clinics upon completion of the GPSI programme.

3. Core competencies

- Current GP or GP registrar
- Strong interpersonal skills
- Self-management
- Networking skills
- Computer/technology literate
- A demonstrated passion for palliative/end of life care
- Fit with hospice values

4. Schedule

- 1.0 FTE over 6- month rotation (or 0.5 FTE 12-month rotation) to commence in alignment with the GP registrar (GPEP) training rotation dates e.g. June/December
- Fully qualified GP Fellows would be able to start and finish on different dates as they would not have to follow the GP Registrar rotation dates.
- Advertising for December positions need to be posted in May at the latest, and those for the June positions need to be posted in November of the year previous at the latest to ensure adequate time for organisation of rotations/locum cover
- Regionally agreed advertising processes and position descriptions have been developed.
- Local Hospices have agreed to share applicant information with each other if approved by the applicant and deemed to be an appropriate candidate.

5. Hospice minimum expectations

Hospices are required to be accredited as an advanced trainee palliative medicine/Clinical Diploma training site with the Royal Australasian College of Physicians (RACP). This accreditation includes minimum requirements which can be found on their website

<https://www.racp.edu.au/trainees/getting-a-training-site-accredited>

Hospices will need to be operating an inpatient unit (IPU) or have arranged IPU training time at another facility, as the main component of training will involve clinical immersion in a Palliative Care IPU, as described in the GPSI Intern training guidelines below.

6. GPSI Intern Training Guidelines

Aim:

For all Poi GPSI interns across Auckland to go through the same training process regionwide, i.e. to go through the same Regional Recipe of training and to produce GPs with special interest in Palliative Care for the Auckland Region.

Method:

Standard rotations to be either 1.0 FTE over 6 months or 0.5 FTE over 12 months to fit in with Registrar Rotation schedule dates. Other variations to be reviewed and approved on a case-by-case basis by the Poi Delivery Alliance.

Clinical immersion in an accredited palliative medicine training sites as per the requirements of the RACP Chapter of Palliative Medicine Clinical Diploma in Palliative Medicine.

- Complete logbook of 50 cases.
- Complete Case Report.

Proposed time allotments for training period:

50% of time to be spent in In-patient unit – Recommended to be done at the start of the rotation for maximal initial specialist palliative care immersion. Joining the hospice on-call roster is not compulsory but the interns have found it to be a good educational experience, and confidence builder.

30% of time to be spent in Community Palliative Care setting - Suggested to first go out with all of the community nurses in the team, before taking on the community palliative care advice line role.

20% of time to be spent working with local hospice Poi team – Taking part in MDT meetings and Proactive Advisory Service contacts, GP/RC service in-reach, teaching sessions, stakeholder engagement sessions.

Recommended but not essential community work-site experiences: Day Hospice, Palliative Care Outpatient clinic, Hospital Consultation Palliative Care Team, Motor Neurone Disease Clinic, Chronic Pain Clinic, Addiction Medicine Clinic, Gerontology Clinic, Liaison Psychiatry, Cancer Society, visiting with other hospices e.g. Franklin Hospice, Amitabha Hospice, Eastern Bays Hospice.

Additionally, all GPSIs are required to complete a written reflection on learnings and experience of the GPSI internship at the completion of the placement, including how this learning will be applied in practice. To be presented to Delivery Alliance CEs and Working Group.

7. Interested in applying?

If you are interested in applying or finding out more information, please contact your local Poi team manager.